

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 1579-637

C# M#

NIKLASON et al

TC/A.U.

1817

Serial No. 10/074,250

Examiner: Jiang, S.

Filed: February 14, 2002

Date: April 15, 2004

Title: THERAPY FOR CEREBRAL VASOSPASM

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment	0	minus highest number		
previously paid for	20	(at least 20) =	0	x \$ 18.00

\$ 0.00

Independent claims after amendment	0	minus highest number		
previously paid for	3	(at least 3) =	0	x \$ 88.00

\$ 0.00

If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)				
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\$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)				
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\$ 110.00

Terminal disclaimer enclosed, add \$ 110.00				
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\$ 0.00

<input checked="" type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00)				
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\$ 0.00

<input type="checkbox"/> Please enter the previously unentered , filed				
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<input type="checkbox"/> Submission attached				
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Subtotal \$ 110.00

If "small entity," then enter half (1/2) of subtotal and subtract				
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<input checked="" type="checkbox"/> Applicant claims "small entity" status.	<input type="checkbox"/> Statement filed herewith			
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-\$ 55.00

Rule 56 Information Disclosure Statement Filing Fee (\$180.00)				
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\$ 0.00

Assignment Recording Fee (\$40.00)				
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\$ 0.00

Other:				
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\$ 0.00

TOTAL FEE TO BE DEBITED \$ 55.00

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 6<sup>th</sup> Floor  
 Arlington, Virginia 22201-4714  
 Telephone: (703) 816-4000  
 Facsimile: (703) 816-4100

NIXON & VANDERHYE P.C.  
 By Atty: Mary J. Wilson, Reg. No. 32,955

05/26/2004 141140 10074250

Signature: M. J. Wilson

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